

DIRECT DEPOSIT FORM - CHANGE OF ENROLLMENT

City of Scottsdale

BANK/ACCOUNT CHANGES (NEW ACCOUNT ENROLLMENT FOR DIRECT DEPOSIT REQUIRES A MINIMUM OF TWO PAY PERIODS TO PROCESS)

Please contact the Payroll department at X22465 immediately if your account has been closed.

*ALL NEW **CHECKING** ACCOUNTS MUST HAVE A **VOIDED CHECK** ATTACHED

ALL NEW **SAVINGS ACCOUNTS MUST HAVE A **DEPOSIT SLIP** ATTACHED

CHECKING** *SAVINGS**

*If entire check enter 100%

<input type="checkbox"/>	<input type="checkbox"/>	CURRENT	BANK NAME _____	ACCOUNT # _____	AMOUNT _____
<input type="checkbox"/>	<input type="checkbox"/>	NEW	BANK NAME _____	ACCOUNT # _____	AMOUNT _____

AMOUNT CHANGES (SAME BANK, SAME ACCOUNT)

CHECKING **SAVINGS**

<input type="checkbox"/>	<input type="checkbox"/>	BANK NAME _____	ACCOUNT # _____	CURRENT AMOUNT _____
				NEW AMOUNT _____

I hereby authorize the City of Scottsdale and the above named financial institution to initiate payroll deposits and if necessary, debit entries and adjustments for any credit entries made in error, to my account(s) indicated above.

This authority is to remain in full force and effect until you receive written notification from me of its termination or the City of Scottsdale is notified by the Financial Institution of errors to the account(s).

Name (print) _____ Employee Number _____

Signature _____ Date _____

FOR PAYROLL USE ONLY									
TYPE	ACCOUNT #	ROUTING #	METHOD	PRENOTE	START DATE	STOP DATE	AMOUNT/%	INITIALS	YYP
CHECK									
C / S									
C / S									
C / S									
C / S									

Please send completed form to Payroll
MAIL CODE - OCC 204